

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8		4				
9	0	0				
10	0	0				
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	0	0				
18	0	0				
19	0	0				
20	0	0				
21	0	0				
22	0	0				
23	/					
24	/					
25	/					
26	/					
27	/					
28	/					
29	/					
30		6				
31	0	0				
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41		1				
42	0	0				
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	14	0	0	0	0	0
TOTAL DEP.	37	0	0	0	0	0
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53		/				
54		/				
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100						
TOTAL IND.	2	0	0	0	0	0
TOTAL DEP.	18	0	0	0	0	0
TOTAL CLAIMS	63	0	0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS